



# ICD~10~CM Coding Training

## Part 3

*For Children's Developmental Services Agencies*

**Chapter 5 – Mental, Behavioral and Neurodevelopmental Disorders  
(F01~F99)**

**Chapter 6 – Diseases of the Nervous System  
(G00~G99)**

**Chapter 13 – Diseases of the musculoskeletal system and connective  
tissue (M00~M99)**





## Part 3 Training Objectives

- Develop a general understanding of the content of the Chapters 5, 6 and 13
- Understand any coding guidelines specific to Chapters 5, 6 and 13 that are relevant for CDSA stakeholders
- Demonstrate how to accurately assign ICD-10-CM codes to diagnoses within Chapters 5, 6 and 13

**NOTE:** In order to complete this training, access to ICD-10-CM code books, computer assisted coding software or downloads of the 2014 version of ICD-10-CM from the CDC is needed



## Chapter 5

# Mental, Behavioral, Neurodevelopmental disorders

## Instructional Notes and Content

- **Code Range: F01-Z99**

**Includes:** disorders of psychological development

**Excludes2:** symptoms, signs and abnormal clinical laboratory findings, not elsewhere classified (R00-R99)

**Chapter 5 contains the following blocks – 1<sup>st</sup> character is E**

F01-F09	Mental disorders due to known physiological conditions	F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors
F10-F19	Mental and behavioral disorders due to psychoactive substance use	F60-F69	Disorders of adult personality and behavior
F20-F29	Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders	F70-F79	Intellectual disabilities
F30-F39	Mood [affective] disorders	F80-F89	Pervasive and specific developmental disorder
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders	F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence
		F99	Unspecified mental disorder



# Chapter 5

## Mental, Behavioral, Neurodevelopmental disorders

### Content

- Mental disorders due to known physiological conditions (F01~F09)
  - Range of mental disorders grouped together on the basis of their having in common a demonstrable etiology in:
    - cerebral disease
    - brain injury
    - other insult leading to cerebral dysfunction
      - The dysfunction may be:
        - » Primary (as in diseases, injuries, and insults that affect the brain directly and selectively); or
        - » Secondary (as in systemic diseases and disorders that attack the brain only as one of the multiple organs or systems of the body that are involved)
  - This etiology can also lead to forms of dementia



## Chapter 5

# Mental, Behavioral, Neurodevelopmental disorders Content

- Mental and behavioral disorders due to psychoactive substance use (F10-F19)
  - Includes mental disorders related to excessive use of substances
  - Codes in this section identify the drug of choice and level of abuse or dependence
  - Selection of codes in this category for “in remission” require clinical judgment and must be included in the clinician’s documentation
  - There are no separate “History” codes for alcohol and drug abuse
    - These conditions are identified as “in remission”
  - Codes for psychoactive substance use (F10.9~, F11.9~, F12.9~, F13.9~, F14.9~, F15.9~, F16.9~) should only be assigned based on provider documentation
    - These codes are to be used only when the psychoactive substance use is associated with a mental or behavioral disorder, and such a relationship is documented by the provider





## Chapter 5

# Mental, Behavioral, Neurodevelopmental disorders Psychoactive Substance Use, Abuse & Dependence

- When clinician documentation refers to use, abuse and dependence of the same substance (e.g. alcohol, opioid, cannabis, etc.), **only one code** should be assigned to identify the pattern of use based on the following hierarchy:
  - If both use and abuse are documented, assign only the code for abuse
  - If both abuse and dependence are documented, assign only the code for dependence
  - If use, abuse and dependence are all documented, assign only the code for dependence
  - If both use and dependence are documented, assign only the code for dependence.
- There is a code for blood alcohol level (Y90.~) that can be assigned as an additional code when documentation indicates its use



## Chapter 5

# Mental, Behavioral, Neurodevelopmental disorders Content

- Mood [affective] disorders (F30~F39)
  - Characterized by abnormal emotional states such as Manic Episode, Bipolar Disorder, Major Depressive Disorder
  - Information needed may include
    - Current episode vs partial remission
    - Single or recurrent episode
    - Severity of the episode (e.g., mild, moderate, severe)
    - Associated psychotic symptoms
- Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (F40~F48)
  - Phobic and other anxiety disorders
  - Obsessive-compulsive disorder
  - Reaction to severe stress, and adjustment disorders
  - Dissociative and conversion disorders
  - Somatoform disorders
  - Other nonpsychotic mental disorders



## Chapter 5

# Mental, Behavioral, Neurodevelopmental disorders Pain Disorders

- If pain is exclusively related to psychological disorders, assign code F45.41, Pain disorder exclusively related to psychological factors
  - Codes in category G89, Pain, not elsewhere classified, cannot be used in conjunction with F45.41
- Code F45.42, Pain disorders with related psychological factors, should be used with a code from category G89, Pain, not elsewhere classified, if there is documentation of a psychological component for a patient with acute or chronic pain

### F45.4 Pain disorders related to psychological factors

Excludes1: pain NOS (R52)

F45.41 Pain disorder exclusively related to psychological factors

Somatoform pain disorder (persistent)

F45.42 Pain disorder with related psychological factors

**Code also associated acute or chronic pain (G89.-)**





# Chapter 5

## Mental, Behavioral, Neurodevelopmental disorders

### Content

- Behavioral syndromes associated with physiological disturbances and physical factors (F50~F59)
  - Eating disorders
  - Sleep disorders
  - Sexual dysfunction
  - Puerperal psychosis (postpartum depression)
  - Psychological and behavioral factors associated with disorders or diseases classified elsewhere
    - Code first – associated physical disorders
  - Unspecified behavior syndromes



# Chapter 5

## Mental, Behavioral, Neurodevelopmental disorders

### Content

- Disorders of adult personality and behavior (F60-F69)
  - Specific personality disorders
  - Impulse disorders
  - Gender identify disorders
  - Paraphilias (sexual perversions or deviations)
  - Other sexual disorders (includes sexual maturation disorder and sexual relationship disorder)
  - Other disorders of adult personality and behavior
  - Unspecified disorder of adult personality and behavior
- Intellectual Disabilities (F70-F79)
  - Formerly Mental Retardation
  - Code first any associated physical or developmental disorders



# Chapter 5

## Mental, Behavioral, Neurodevelopmental disorders

### Content

- Pervasive and specific developmental disorders (F80-F89)
  - Developmental disorders of speech and language
  - Developmental disorders of scholastic skills (e.g., Reading disorder)
  - Developmental disorders of motor function
  - Pervasive developmental disorders (e.g., Autistic disorder)
- Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (F90-F98)
  - Codes in this range can be used regardless of client's age
    - Disorders may continue throughout client's life
    - May not be diagnosed until adulthood
  - Attention-deficit hyperactivity disorders
  - Conduct disorders
  - Tic disorders



# Chapter 6

## Diseases of the Nervous System

- **Code Range: G00~G99**

**Chapter 6 contains the following blocks – 1<sup>st</sup> character is G**

G00-G09 Inflammatory diseases of the central nervous system	G50-G59 nerve, nerve root and plexus disorders
G10-G14 Systemic atrophies primarily affecting the central nervous system	G60-G65 Polyneuropathies and other disorders of the peripheral nervous system
G20-G26 Extrapyrarnidal and movement disorders	G70-G73 Diseases of myoneural junction and muscle
G30-G32 Other degenerative diseases of the nervous system	G80-G83 Cerebral palsy and other paralytic syndromes
G35-G37 Demyelinating diseases of the central nervous system	G89-G99 Other disorders of the nervous system
G40-G47 Episodic and paroxysmal disorders	



# Chapter 6

## Diseases of the Nervous System

### Coding Guidelines

- **Dominant/nondominant side**
  - Codes from category G81, Hemiplegia and hemiparesis, and subcategories, G83.1, Monoplegia of lower limb, G83.2, Monoplegia of upper limb, and G83.3, Monoplegia, unspecified, identify whether the dominant or nondominant side is affected
    - Should the affected side be documented, but not specified as dominant or nondominant, and the classification system does not indicate a default, code selection is as follows:
      - For ambidextrous patients, the default should be dominant
      - If the left side is affected, the default is non-dominant
      - If the right side is affected, the default is dominant

#### **G81.0 Flaccid hemiplegia**

**G81.00 Flaccid hemiplegia affecting unspecified side**

**G81.01 Flaccid hemiplegia affecting right dominant side**

**G81.02 Flaccid hemiplegia affecting left dominant side**

**G81.03 Flaccid hemiplegia affecting right nondominant side**

**G81.04 Flaccid hemiplegia affecting left nondominant side**





# Chapter 6

## Diseases of the Nervous System

### Coding Guidelines

- **Pain ~ Category G89**

- May be used in conjunction with codes from other categories and chapters to provide more detail about acute or chronic pain and neoplasm-related pain, unless otherwise indicated
- If the pain is not specified as acute or chronic, post-thoracotomy, postprocedural, or neoplasm-related, do not assign codes from category G89
- A code from category G89 should not be assigned if the underlying (definitive) diagnosis is known (except for neoplasms), unless the reason for the encounter is pain control/ management and not management of the underlying condition
  - If pain control/management is reason for the encounter, G89 codes would be first-listed and underlying cause would be additional diagnosis
- If there is not a definitive diagnosis and the encounter is not for pain control/management, site-specific pain will be first-listed



# Chapter 6

## Diseases of the Nervous System

### Coding Guidelines

- **Pain ~ Category G89 (cont'd)**
  - Chronic pain is classified to subcategory G89.2
    - No time frame defining when pain becomes chronic pain
  - Central pain syndrome (G89.0) and chronic pain syndrome (G89.4)
    - Different than the term “chronic pain”
    - Pain syndrome codes should only be used when the clinician has specifically documented this condition





# Chapter 6

## Diseases of the Nervous System

### Coding Guidelines

- **Pain ~ Category G89 (cont'd)**

- Code G89.3 is assigned to pain documented as being related, associated or due to cancer, primary or secondary malignancy, or tumor
  - Use whether the pain is acute and/or chronic
  - Code may be assigned as first-listed code when the stated reason for the encounter is documented as pain control/pain management
    - Underlying neoplasm is additional diagnosis
- When reason for the encounter is management of the neoplasm and the pain associated with the neoplasm is also documented
  - Code G89.3 will be an additional diagnosis
  - Do not assign an additional code for the site of the pain



# Chapter 6

## Diseases of the Nervous System

### Coding Guidelines

- **Pain ~ Category G89 (cont'd)**

- Postoperative Pain

- The default for post-thoracotomy and other postoperative pain not specified as acute or chronic is the code for the acute form
    - Routine or expected postoperative pain immediately after surgery should not be coded
    - Postoperative pain not associated with a specific postoperative complication is assigned to the appropriate postoperative pain code in category G89
    - Postoperative pain associated with a specific postoperative complication (such as painful wire sutures) is assigned to the appropriate code(s) found in Chapter 19, Injury, poisoning, and certain other consequences of external causes
      - If appropriate, use additional code(s) from category G89 to identify acute or chronic pain (G89.18 or G89.28)



# Chapter 6

## Diseases of the Nervous System

### Coding Guidelines

- **Migraine (G43)**
  - 32 available codes
  - Documentation must include the following when appropriate
    - Intractable (pharmacologically resistant, treatment resistant, refractory and poorly controlled)
    - Not intractable
    - With status migrainosus (lasts more than 24 hrs) or without status migrainosus
    - With vomiting
    - Ophthalmoplegic
    - Menstrual
    - With or without aura
    - Hemiplegic
    - With or without cerebral infarction
    - Periodic
    - Abdominal







# Chapter 6

## Diseases of the Nervous System

### Epilepsy

- **Epilepsy and Recurrent Seizures (G40)**
  - Code descriptions include:
    - Intractable (pharmacologically resistant, treatment resistant, refractory and poorly controlled) or not intractable
    - With status epilepticus (serious medical condition where prolonged or clustered seizures develop into non-stop seizures) or without status epilepticus
    - Documentation must address both of these
  - Examples:
    - G40.B01 Juvenile myoclonic epilepsy, not intractable, with status epilepticus
    - G40.B09 Juvenile myoclonic epilepsy, not intractable, without status epilepticus
    - G40.B11 Juvenile myoclonic epilepsy, intractable, with status epilepticus
    - G40.B19 Juvenile myoclonic epilepsy, intractable, without status epilepticus



# Chapter 13

## Diseases of the musculoskeletal system and connective tissue

### Content

- Code Range: M00~M99

Chapter 13 contains the following block – 1<sup>st</sup> character is M

<b>M00-M02</b> Infectious arthropathies	<b>M60-M63</b> Disorders of muscles
<b>M05-M14</b> Inflammatory polyarthropathies	<b>M65-M67</b> Disorders of synovium and tendon
<b>M15-M19</b> Osteoarthritis	<b>M70-M79</b> Other soft tissue disorders
<b>M20-M25</b> Other joint disorders	<b>M80-M85</b> Disorders of bone density and structure
<b>M26-M27</b> Dentofacial anomalies [including malocclusion] and other disorders of jaw	<b>M86-M90</b> Other osteopathies
<b>M30-M36</b> Systemic connective tissue disorders	<b>M91-M94</b> Chondropathies
<b>M40-M43</b> Deforming dorsopathies	<b>M95</b> Other disorders of the musculoskeletal system and connective tissue
<b>M45-M49</b> Spondylopathies	<b>M96</b> Intraoperative and postprocedural complications and disorders of musculoskeletal system, not elsewhereclassified
<b>M50-M54</b> Other dorsopathies	<b>M99</b> Biomechanical lesions, not elsewhere classified



# Chapter 13

## Diseases of the musculoskeletal system and connective tissue Coding Guidelines

- **External Cause of Injury**

### Chapter 13

#### Diseases of the musculoskeletal system and connective tissue (M00-M99)

**Note:** Use an external cause code following the code for the musculoskeletal condition, if applicable, to identify the cause of the musculoskeletal condition

- **Site and laterality**

- Most codes within Chapter 13 have site and laterality designations
  - Site represents the bone, joint or the muscle involved.
  - For some conditions where more than one bone, joint or muscle is usually involved, such as osteoarthritis, there is a “multiple sites” code available
    - For categories where no multiple site code is provided and more than one bone, joint or muscle is involved, multiple codes should be used to indicate the different sites involved
- Bone versus joint
  - For certain conditions, the bone may be affected at the upper or lower end, (e.g., avascular necrosis of bone, M87, Osteoporosis, M80, M81)
  - Though the portion of the bone affected may be at the joint, the site designation will be the bone, not the joint



## Chapter 13

# Diseases of the musculoskeletal system and connective tissue Coding Guidelines

- **Acute traumatic versus chronic or recurrent musculoskeletal conditions**
  - Many musculoskeletal conditions are a result of previous injury or trauma to a site, or are recurrent conditions
    - Chronic or recurrent conditions should generally be coded with a code from chapter 13
  - Any current, acute injury should be coded to the appropriate injury code from chapter 19
- **Pathologic Fractures**

The appropriate 7th character is to be added to each code from subcategory M84.3:

A - initial encounter for fracture

D - subsequent encounter for fracture with routine healing

G - subsequent encounter for fracture with delayed healing

K - subsequent encounter for fracture with nonunion

P - subsequent encounter for fracture with malunion

S - sequela



# Chapter 13

## Diseases of the musculoskeletal system and connective tissue

### Coding Guidelines

- **Osteoporosis**

- Osteoporosis with current pathological fracture – Category M80
  - Site codes under category M80, Osteoporosis with current pathological fracture, identify fracture site ~ not the osteoporosis
  - Use for clients who have a current pathologic fracture at the time of an encounter
  - Do not use traumatic fracture codes (Chapter 19) for clients with known osteoporosis who suffer a fracture, even if the client had a minor fall or trauma, if that fall or trauma would not usually break a normal, healthy bone
- Osteoporosis without pathological fracture – Category M81
  - For use for patients with osteoporosis who do not currently have a pathologic fracture due to the osteoporosis, even if they have had a fracture in the past
  - For clients with a history of osteoporosis fractures, status code Z87.310, Personal history of (healed) osteoporosis fracture, should follow M81 codes





## Part 3

# True/False Quiz

1. If a child recently lost their mother and appears to be depressed, clinicians should code this as F32.9, Major depressive disorder, single episode, unspecified.
2. Codes in category, Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (F90-F98) can be assigned to adults.
3. The diagnostic term 'developmental delay' is sufficient to assign an appropriate ICD-10-CM code.
4. Status epilepticus is a serious medical condition where prolonged or clustered seizures develop into non-stop seizures
5. If a 3 year old male falls down the steps and breaks a leg, the fracture will be coded from Chapter 13, Diseases of the Musculoskeletal System and Connective Tissue.



# Part 3

## Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

#	Scenario/Diagnosis	Answer
1	30-month old child referred for a developmental assessment to gain more information about developmental profile and ascertain if additional services need to be implemented to assist in achieving desired outcomes. Child has been enrolled in NC ITP for 11 months for developmental delays. Results of standardized testing found significant global developmental delays including a disordered communication profile. In addition, qualitative concerns regarding pragmatic language, social interactions, and restricted play skills were also noted. Child's profile was consistent with the diagnosis of autism.	
2	17-month old male referred for medical and physical therapy evaluations. Child was enrolled in the ITP a couple of months earlier due to developmental delays. Parents note that child's joints seem to pop a lot and he doesn't seem strong. He has a history of torticollis and plagiocephaly for which he has already been prescribed a molding helmet. Child has some difficulty chewing food. Results of today's physical therapy evaluation determined that child continues to have mild delays in his gross motor development with more significant difficulties noted in his stationary and object manipulation skills as compared to his locomotion abilities. In addition, low-normal muscle tone was noted. Besides the obvious torticollis and plagiocephaly, resultant mandibular asymmetry has created a significant malocclusion of his bite. Further consultation with a craniofacial specialist is warranted and PT is warranted.	



## Part 3

# Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

#	Scenario/Diagnosis	Answer
3	21 month old girl is referred to the CDSA by her family with concerns about language development. She was not using gestures and no use of words was observed during testing. She would vocalize to protest and request. Her comprehension appeared in the overall average range for her age. She demonstrated low muscle tone and decreased trunk stability. Previous fine and gross motor testing reported significant motor delays. Adaptive scores were within the low average range. Some oral motor weakness was also noted as well as poor lip closure when chewing. The family's primary concern is communication and would like to focus outcomes on this area.	
4	Dystonic cerebral palsy	
5	Meningitis due to E.coli	
6	Spinal Muscular Atrophy	



# Questions

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Submit Questions to:  
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